

The Mental Health Screening and Assessment Tools for Primary Care table provides a listing of mental health screening and assessment tools, summarizing their psychometric testing properties, cultural considerations, costs, and key references. It includes tools that are proprietary and those that are freely accessible. Products are listed for informational purposes only. Inclusion in this publication does not imply endorsement by the American Academy of Pediatrics.

Consideration for including screening tests in the table included the tests' reliability, validity, sensitivity, and specificity.

- **Reliability** is the ability of a measure to produce consistent results.
- The **validity** of a screening test is its ability to discriminate between a child with a problem and one without such a problem.
- **Sensitivity** is the accuracy of the test in identifying a problem.
- **Specificity** is the accuracy of the test in identifying individuals who do not have a problem.¹

Sensitivity and specificity levels of 70% to 80% have been deemed acceptable for developmental screening tests²; these values are lower than generally accepted for medical screening tests.¹ Use of lower sensitivity and specificity values may identify children with symptoms

that do not rise to the level of a *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* diagnosis³; however, these children may benefit from interventions in the primary care setting or community to address their symptoms or functional difficulties. These children may also benefit from close monitoring of their emotional health by their families, pediatric health professionals, and teachers or caregivers.

The table is organized to follow the clinical process described algorithmically by the Task Force on Mental Health.⁴ Clinicians at various stages in integrating a mental health approach into their practice may want to review the entire table first, gain some experience with a few tools, and use quality improvement strategies such as small planning, doing, studying, acting (PDSA) cycles to refine their approach. Team meetings with the practice clinicians and collaborative office rounds involving primary care clinicians and mental health or developmental specialists, with the aim of discussing clinical cases and the use of specific tools, may focus the implementation process. As the clinician and groups of clinicians gain more comfort, they can further revise their approach. Engaging families by sending them an introductory letter to inform them of the practice's interest in their child's socio-emotional health, by directly asking their experience with the chosen tools, and by inviting them to be a part of a learning group may also facilitate adoption of a particular approach or tool.

The table is by no means exhaustive and the information is subject to change over time. Consideration was first given to tools that have strong psychometric properties and are appropriate for use in pediatric (ie, birth to 21 years) primary care settings. Those that are freely accessible are listed first. Proprietary tools are also listed if there is no equivalent tool in the public domain or if the tool is already well known to practitioners and has strong psychometric properties.

In addition to screening tools, the table includes tools that may be used for primary care assessment of children's global functioning and assessment of children presenting with the most common problems encountered in primary care—*anxiety, depression, inattention and impulsivity, disruptive behavior or aggression, substance abuse, learning difficulties, and symptoms of social-emotional disturbance in young children.* Also included are tools to identify risks in the psychosocial environment, prior exposure to trauma, and problems with the child's developmental trajectory and cognitive development.

MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS FOR PRIMARY CARE

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration ^a	Cost and Developer
Mental Health Update and Surveillance	Bright Futures Surveillance Questions ⁵	Unlimited	0 to 21 y	Variable	Open-ended questions that invite participatory care. No psychometric properties reported.	Any language	AAP/MCHB Freely accessible
	Bright Futures Previsit and Supplemental Questionnaires	Variable	0 to 21 y	Variable	Yes/No questions that invite participatory care and help elicit areas for further counseling. No psychometric properties reported.	English	AAP/MCHB Freely accessible
	GAPS (Guidelines for Adolescent Preventive Services) Questionnaire ⁶	72 items for younger adolescent; 61 items for older adolescent; 15 items for parent	Parent, young teen, older teen		NA	English, Spanish	Freely accessible
	HEADSS ⁷⁻⁹ Home, Education/employment, Activities, Drugs, Sexuality, Suicide/depression, Safety			Part of interview process			Freely accessible
Previsit Data Collection (Algorithm Step A2a): Screening for Mental Health and Substance Abuse Problems in Children and Adolescents							
General Psychosocial Screening Tests	PSC-17 ^a (Pediatric Symptom Checklist—17 items) ¹⁰⁻¹⁵ <i>General psychosocial screening and functional assessment in the domains of attention, externalizing, and internalizing symptoms</i>	17 items Self-administered Parent or youth ≥ 11 y	4 to 16 y	<5 min Scoring: 2 min	Subscales have obtained reasonable agreement with validated and accepted parent-report instruments. Cronbach alpha was high for each subscale.	English, Spanish, Chinese Reading level: fifth to sixth grades	Freely accessible
	PSC-35 ^b (Pediatric Symptom Checklist—35 items) ^{10-11,13-14} <i>General psychosocial screening and functional assessment in the domains of attention, externalizing, and internalizing symptoms</i>	35 items Self-administered Parent or youth ≥ 11 y	4 to 16 y	<5 min Scoring: 1 to 2 min	General psychosocial screen Sensitivity: 80% to 95% Specificity: 68% to 100%	English, Spanish, Chinese, Japanese Pictorial version available	Freely accessible

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	SDQ ^b (Strengths and Difficulties Questionnaire) ¹⁶⁻¹⁹ <i>General psychosocial screening for emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behavior (not included in score); a separate scale assesses impact of symptoms on global functioning.</i>	25 items Self-administered Parent, teacher, or youth 11 to 17 y	3 to 17 y	10 min	Reliable and valid in various populations and for a number of general mental health conditions Sensitivity: 63% to 94% Specificity: 88% to 98%	>40 languages	Freely accessible
	ASQ-SE ^b (Ages and Stages Questionnaire–Social Emotional) ²⁰ <i>Screens for social-emotional problems in young children.</i>	From 19 items (6 mo) to 33 items (30 mo) Parent report	6 to 60 mo	10 to 15 min Scoring: 1 to 5 min (can be scored by paraprofessionals)	Sensitivity: 71% to 85% Specificity: 90% to 98% To be used in conjunction with ASQ or other tool designed to provide information on a child's communicative, motor, problem-solving, and adaptive behaviors	English, Spanish Reading level: sixth grade	Proprietary (\$149/kit)
Substance Use	CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Lifetime Use ^{b,21-23} <i>Screens for substance abuse.</i>	3 screener questions, then 6 items Self-administered or youth report	Adolescents	1 to 2 min	Sensitivity: 76% to 92% Specificity: 76% to 94% PPV: 29% to 83% NPV: 91% to 98%	No cross-cultural validity data	Freely accessible
Surveillance of Environment for Risk Factors (Algorithm Step A2a)							
Parent/Family Screening	Edinburgh Maternal Depression ^{b,24-29} <i>Screens women for depression.</i>	10 items Parent self-report	Peripartum women	<5 min to administer Scoring: 5 min	Sensitivity: 86% Specificity: 78%	Has cross-cultural validity	Freely accessible
	Pediatric Intake Form (Family Psychosocial Screen) ³⁰ <i>Screens for parental depression, substance use, domestic violence, parental history of abuse, and social supports.</i>	22 items	0 to 21 y	Variable	Not described	English	Freely accessible

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	PHQ-9 (Patient Health Questionnaire-9) ³¹⁻³³ <i>Screens adults for depression.</i>	9 items Parent self-report	Adult	<5 min to administer Scoring: <3 min	Excellent internal reliability and test-retest reliability. Cutoff score of 10 or more Sensitivity: 88% for major depression Specificity: 88% for major depression	Not validated in languages other than English	Freely accessible
	PHQ-2 ^b (first 2 items from PHQ-9) ^{34,35} <i>Screens adults for depression.</i>	2 items Parent self-report	Adult	1 min	Overall Sensitivity: 83% to 87% Specificity: 78% to 92% PPV: not available	Not validated in languages other than English	Freely accessible
	AAS (Abuse Assessment Screen) ^{b,36} <i>Screens for domestic violence.</i>	5 to 6 items Parent report	Adolescent and adult women	About 45 seconds if all answers are "No"	Some studies indicate low sensitivity (<40%) and high specificity (>90%).	Still in development	Freely accessible
	McMaster General Functioning Scale ³⁷⁻⁴⁰ <i>Assesses family functioning.</i>	12 items Self-report	Adolescents and adults	<5 min	Temporally stable, good internal consistency, and concurrent and construct validity.	Cross-cultural consideration. Translated into 24 languages.	Proprietary (\$41.95)
	MSPSS (Multidimensional Scale of Social Support Parent Stress Inventory) ^{b,41-45} <i>Assesses social support.</i>	12 items Parent report	Adult	2 to 5 min	Good test and retest coefficients	Cross-cultural studies done	Freely accessible
	Parent Screening Questionnaire ^{46,47} <i>Screens adults for injury, tobacco, depression, intimate partner violence.</i>	20 items Self-administered (parent)	Parents	2 min	Low sensitivity (20%) for the intimate partner violence Specificity: 92% PPV: 41% NPV: 88%	Reading level: fourth grade	Free with permission (Contact Howard Dubowitz, MD, MS, at hdubowitz@peds.umaryland.edu)
	PSI (Parent Stress Index), Third Edition ⁴⁸⁻⁵⁰ <i>Elicits indicators of stress and identifies parent-child problem areas in parents of children 1 mo through 12 y.</i>	120 items plus 19 optional items Parent self-report (PSI-Short Form has 36 items.) Version for parenting adolescents	Parents of children 1 mo through 12 y	20 to 30 min	Distinguishes among difficult child, parent factors, and parent-child relationships factors Good internal consistency reliabilities measured by Cronbach alpha	Transcultural research has involved many populations (eg, Hispanics, Chinese, Portuguese, French, Canadian, Italian, Korean).	Proprietary (\$170/kit)

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	SIPA (Stress Index for Parents of Adolescents) ⁵¹ <i>Elicits indicators of stress in parents of adolescents.</i>	112 items	Parents of adolescents 11 to 19 y	20 min Scoring: 10 min	Internal consistency for subscales exceed 0.80. 4-week test-retest coefficients range from 0.74 to 0.91.	Not described	Proprietary (\$130/kit)
Trauma/Exposure	PDS (Post-traumatic stress diagnostic scale) ^{52,53} <i>Assesses impact of traumatic event.</i>	49 items Paper/pencil or computer	18 to 65 y	10 to 15 min	High internal consistency	Reading level: eighth grade	Proprietary (\$64/kit)
	UCLA-PTSRI (Post-Traumatic Stress Reaction Index) ⁵⁴⁻⁵⁶ <i>Assesses exposure to traumatic experiences and impact of traumatic events.</i>	Child: 20 items Parent: 21 items Youth: 22 items Adapted version available in AAP <i>Feelings Need Check Ups Too</i> CD-ROM ⁵⁷ to assess trauma exposure	Child and parent: 7 to 12 y Youth: 13+ y	20 to 30 min to administer Scoring: 5 to 10 min	Good test-retest with a coefficient of 0.84. A cutoff of 38 provides 0.93 sensitivity and 0.87 specificity.	English, Spanish	Available to International Society for Traumatic Stress Studies (ISTSS) members
	TSCC (Trauma Symptom Checklist for Children) ^{58,59} <i>Elicits trauma-related symptoms.</i>	54 items TSCC-A is a 44-item alternative version that does not contain sexual concern items. TSCYC is a 90-item caregiver-report instrument for young children	8 to 16 y 3 to 12 y	15 to 20 min	High internal consistency for 5 of 6 clinical scales (0.82 to 0.89)	English, Spanish	Proprietary (\$158/kit)
Assessing Child and Adolescent Functioning (Algorithm Steps A2a, A12a, B5a, B12)							
Global Functioning	BIS (Brief Impairment Scale) (Multi-dimensional) ^{b,60} <i>Assesses global functioning in domains of interpersonal relations, school/work, and self-care/self-fulfillment.</i>	23 items Parent report	4 to 17 y	10 min	Internal consistency (0.81 to 0.88 and 0.56 to 0.81) on the 3 subscales. Test-retest reliability for individual items ranged from fair to substantial in all but 6 items. The BIS has high convergent and concurrent validity. ROC suggest possible thresholds for different uses.	English, Spanish	Freely accessible

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	<p>CIS (Columbia Impairment Scale)—part of CAWA/Adolescent Wellness Assessment^{61,62}</p> <p><i>Assesses global functioning in domains of interpersonal relations, psychopathology, school performance, use of leisure time; monitors progress after 6 mo of treatment.</i></p>	13 items	Children and adolescents	5 min	Reliable and valid. Evaluates global impairment along 4 areas of dysfunction after 6 mo of treatment.	Data mainly on Caucasian and Hispanic children	Freely accessible
	<p>CGSQ (Caregiver Strain Questionnaire)—part of the CAWA^{63,64}</p> <p><i>Assesses strain among parents.</i></p>	21 items	Children and adolescents	5 to 10 min	Administered after 6 mo of treatment	Data mainly in Caucasian and Hispanic children	Freely accessible
	<p>C-GAS (Children's Global Assessment Scale)^{65,66}</p> <p><i>Assesses overall severity of disturbance and impact on global functioning.</i></p>	<p>1 item</p> <p>Rated by clinician</p> <p>100-point scale with 10-point anchors</p>	4 to 16 y	Requires no administration time because it is based on prior clinical assessment. Time to integrate knowledge of the child into a single score is estimated to be 5 to 10 min.	Demonstrates discriminant and concurrent validity.	Not described	Freely accessible
	<p>SDQ Impact Scale^{h,16}</p> <p><i>Assesses global functioning in domains of home life, friendships, learning, play.</i></p>	<p>5 items</p> <p>Parent Teacher Youth ≥ 11 y</p>	3 to 17 y	<5 min	See earlier entry on SDQ; limited data on impact scale alone.	>40 languages	Freely accessible
Assessing Emergencies (Algorithm Steps A8a, A4b)							
Suicide Assessment	<p>Adapted-SAD PERSONS⁶⁷</p> <p>Sex, Age, Depression or affective disorder, Previous attempt, Ethanol-drug abuse, Rational thinking loss, Social supports lacking, Organized plan, Negligent parenting, significant family stressors, suicidal modeling by parents or siblings, School problems</p> <p><i>Assesses risk for suicide.</i></p>	10-item assessment scale	Elementary and middle school students	Part of interview process	Not described	Not described	Freely accessible

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	<p>CSPI-2 (Childhood Severity of Psychiatric Illness)⁶⁸</p> <p><i>Assesses severity by eliciting risk factors, behavioral/emotional symptoms, functioning problems, involvement with juvenile justice and child protection, and caregiver needs and strengths.</i></p>	<p>34 items</p> <p>Individual report</p>	3 to 21 y	<p>3 to 5 min after a routine crisis assessment</p> <p>25 to 30 min to complete if nothing is known of the child/family</p> <p>Training is generally recommended and demonstration of reliability (ie, certification) before use (by office staff in particular). There are a large number of trainers available and some Web-based training options.</p>	High training and field reliability. Substantial evidence of concurrent and predictive validity.	Available in Spanish	<p>Freely accessible</p> <p>Available at www.praedfoundation.org</p>
	PHQ-9 severity items on suicide	See Modified PHQ-9 later in table.					
Primary Care Mental Health Assessment (Algorithm Steps B5a, B12)							
Behavioral Checklist	<p>Child Behavior Checklist (CBCL)⁶⁹⁻⁷¹</p> <p><i>DSM-oriented scales assess for</i></p> <p>(1.5 to 5 y) Pervasive developmental problems</p> <p>(6 to 18 y) Somatic problems Conduct problems</p> <p>(Both groups) Affective problems Anxiety problems Oppositional-defiant problems Attention-deficit/hyperactivity problems</p>	<p>Parent or caregiver/teacher for 1.5 to 5 y: 99 items</p> <p>Parent/teacher: 118 items</p> <p>Direct observation</p>	<p>1.5 to 5 y</p> <p>6 to 18 y</p>	15 to 20 min (both age groups)	<p>Test-retest: 0.95 to 1.00</p> <p>Inter-rater reliability: 0.93 to 0.96</p> <p>Internal consistency: 0.78 to 0.97</p> <p>Criterion validity was assessed and found to be acceptable.</p>	<p>Spanish can be ordered but tool has been translated in 74 languages;</p> <p>Norms: African-American, Caucasian, Hispanic/Latino, other</p>	<p>Proprietary (\$150 to \$325/kit)</p>

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Rating Scales	<p>Vanderbilt Diagnostic Rating Scales⁷²</p> <p><i>Elicits symptoms in domains of inattention, disruptive behavior, anxiety, and depression; separate scale assesses functioning in the area of school performance.</i></p>	<p>Parent: 55 items</p> <p>Teacher: 43 items</p> <p>Parent/teacher follow-up: 26 items plus items on medication side effects</p>	6 to 12 y	10 min	<p>Internal consistency and factor structure are acceptable and consistent with <i>DSM-IV</i> and other accepted measures of ADHD. Rates inattention, impulsivity/hyperactivity, ODD, CD, depression/anxiety, and performance.</p> <p>The performance section of the teacher version has high correlation with the performances questions of the SDQ (0.97). The performance section of the parent version does not have data about its concurrent validity at the current time, so that it is best used as a questionnaire to provide information about performance to be clarified in the interview the clinician has with the family.</p>	English, Spanish	Freely accessible
	<p>Conners Rating Scales^{73,74}</p> <p><i>Elicits symptoms in domains of oppositionality, cognitive problems/inattention, hyperactivity, anxiety-shyness, perfectionism, social problems, psychosomatic problems.</i></p>	<p>Parent: 80 items</p> <p>Teacher: 59 items</p> <p>Self: 87 items</p>	<p>3 to 17 y for parent/teacher</p> <p>12 to 17 y for self</p>	20 min	<p>6 distinct scales</p> <p>Age and gender norms based on more than 11,000 ratings.</p>	English, Spanish	Proprietary (\$190 to \$276/kit)
	<p>SNAP-IV-C⁷⁵⁻⁷⁷</p> <p>SNAP-IV Rating Scale is a revision of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson et al, 1983); derived from the Conners index.</p> <p><i>Elicits symptoms of ADHD and other DSM-IV disorders that may overlap with or masquerade as ADHD.</i></p>	<p>90 items</p> <p>Parent</p> <p>Teacher</p>	6 to 18 y	10 min	<p>Coefficient alpha for overall parent ratings is 0.94. Internal consistency, item selection, and factor structure were found acceptable and consistent with the constructs in <i>DSM-IV</i>.</p>	A number of languages: English, Chinese	Freely accessible

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	<p>SWAN (Strengths and Weaknesses of ADHD Symptoms and Normal Behavior Scale)⁷⁸⁻⁸⁰</p> <p><i>Elicits strengths and weaknesses in domains of attention, impulsivity/hyperactivity. Strength-based rating scales have the potential to evaluate the normal distribution of behaviors and to provide reliable cutoff defining abnormal behavior. Evaluates attention across a continuum.</i></p>	18-item version and 30-item version	6 to 18 y	10 min	The information gathered with the SWAN-French is compatible with that obtained using the DISC-4.0 and Conners Rating Scale.	Available in French	Freely accessible
	<p>BASC (Behavior Assessment System for Children)⁹¹⁻⁹³</p> <p><i>Assesses adaptive and problem behaviors.</i></p>	<p>Parent version: 134 to 160 items</p> <p>Teacher version: 100 to 139 items</p> <p>Youth version</p>	2 to 21 y	<p>Parent version: 10 to 20 min</p> <p>Teacher version: 10 to 20 min</p> <p>Youth version: 30 min</p> <p>Electronic scoring available</p> <p>Must be administered by qualified personnel</p>	Acceptable to strong reliability and validity	English, Spanish	Proprietary (\$128 to \$795/kit)
	<p>ADHD Rating Scale-IV^{84,85}</p> <p><i>Rates symptoms in domains of attention, impulsivity/hyperactivity.</i></p>	<p>Parent, teacher</p> <p>18 items</p>	5 to 17 y	10 to 20 min	Internal consistency (coefficient alphas) for inattention and hyperactivity-impulsivity factors greater than 0.90, test-retest reliability greater than 0.80 for both factors, and significant correlations with concurrent direct observations and with other behavior rating scales	English, Spanish	Proprietary (\$46)
	<p>MOAS (Modified Overt Aggression Scale)^{86,87}</p> <p><i>Rates symptoms in domain of disruptive behavior/aggression.</i></p>	<p>4 items</p> <p>Physician rating of aggression</p>	Adults but has been used in adolescents	<p>Administered as a semi-structured interview asking adolescent to report on aggressive behavior.</p> <p>10 to 15 min</p>	Internal consistency 0.84: strong correlation with anger and hostility measures	Shown to have discriminant validity when used in Nigeria ⁸⁸	Freely accessible

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	Conduct Disorder Scale ⁸⁹ <i>Rates symptoms in domain of disruptive behavior.</i>	40 items Parent Teachers Siblings	5 to 22 y	5 to 10 min	The test was standardized on 1,040 persons representing the following diagnostic groups: normal, gifted and talented, mentally retarded, ADHD, emotionally disturbed, learning disabled, physically handicapped, and persons with conduct disorder. Norms were developed based on 644 representative individuals with a conduct disorder.	Not described	Proprietary (\$100/kit)
	Modified PHQ-9 <i>Screens for symptoms in domains of depression and suicidality.</i>	9 plus severity items	Adolescent	5 min Scoring: 1 min	Modified version never validated in a research setting; overall 88% sensitivity and 88% specificity	English, Spanish	Free with permission Available in the toolkit at www.gladpc.org .
	KADS (Kutcher Adolescent Depression Scale) ^{90–92} <i>Screens for depression.</i>	6, 11, or 16 items	12 to 17 y	5 min Scoring: 1 min	Sensitivity: 92% Specificity: 71%	Not described	Free with permission Available at www.teenmentalhealth.org
	CES-D (Center for Epidemiological Studies–Depression Scale)—modified version for children and adolescents ^{93–98} <i>Screens for depression, emotional turmoil.</i>	20 items	6 to 17 y	5 to 10 min Scores above 15 can be indicative of significant levels of depressive symptoms. ⁸⁸	Used in adult populations. Modified version for children and adolescents may not discriminate well between depressed and nondepressed adolescents. Sensitivity: 71% Specificity: 57%	Mexican adolescents, French English, Spanish Reading level: sixth grade	Freely accessible

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	DISC (Columbia Diagnostic Interview Schedule for Children Diagnostic Predictive Scales) ^{99,100} <i>Computerized structure interview (yes/no) elicits symptoms of 36 mental health disorders, applying DSM-IV criteria.</i>	22 items (Last item is not scored.) Youth self-administered 8-item abbreviated version available through TeenScreen	9 to 17 y	Depends on items endorsed Training needed	Sensitivities and specificities ranged from 80% to 100% for nearly all diagnostic scales. Positive predictive value was generally high (0.4–0.7). Test-retest reliabilities are good and had intraclass correlation coefficients ranging from 0.52 to 0.82.	Not described	Free with permission Contact www.TeenScreen.org for a copy of the 8-item version.
	CDI (Child Depression Inventory) ¹⁰¹ <i>Screens for depression.</i>	Parent: 17 items Teacher: 12 items Youth: 27 items (Y Short-Form: 10 items)	7 to 17 y	5 to 10 min (27-item)	Internal consistency coefficients range from 0.71 to 0.89 and the test-retest coefficients range from 0.74 to 0.83.	English, Spanish Reading level: first grade	Proprietary (\$450 for 3 years)
	SMFQ (Short Mood and Feelings Questionnaire) ^{102,103} <i>Screens for depression.</i>	13 items Self-report (child and parent)	8 to 16 y	<5 min	For combined parent and child reports Sensitivity: 70% Specificity: 85%	Not described	Free with permission. Permission information available at http://devepi.duhs.duke.edu/mfq.html
	PHQ-A (Patient Health Questionnaire for Adolescents) ¹⁰⁴ <i>Screens for anxiety, eating problems, mood problems, and substance abuse.</i>	83 items Self-report (adolescents)	13 to 18 y	Scoring: <5 min	Sensitivity: 75% Specificity: 92% Accuracy: 89% Diagnostic agreement: 0.65 Properties considered acceptable by US Preventive Services Task Force to screen adolescents for depression. ¹⁰⁵	Not described	Freely accessible
	PHQ-A Depression Screen <i>Screens for depression.</i>	Abbreviated 9-item screen specifically for depression	12 to 18 y	<5 min to complete and score	Not described	Not described	Free with permission
	BDI (Beck Depression Inventory) ¹⁰⁶ <i>Assesses for depression.</i>	21 items Self-administered or verbally administered by a trained administrator	14+ y	5 to 10 min Training required	Sensitivity: 84% Specificity: 81%	English, Spanish Reading level: sixth grade	Proprietary (\$109 for complete kit)

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	BDI-FS (Becks Depression Inventory—FastScreen) ¹⁰⁷ <i>Screens for depression.</i>	7 items	13+ y	<5 min	Sensitivity: 91% Specificity: 91% Properties considered acceptable by US Preventive Services Task Force to screen adolescents for depression. ¹⁰⁵	Not described	Propriety. (\$105 for introductory kit)
	Spence Children's Anxiety Scale ^{108,109} <i>Assesses for anxiety. Subscales include panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, obsessions/compulsions, and fear of physical injury.</i>	Parent: 35 to 45 Student: 34 to 45	Parent: 2.5 to 6.5 y Student: 8 to 12 y	5 to 10 min	Coefficient alpha: 0.9 to 0.92 Test-retest: 0.60 to 0.63 Normative data: Available for males/females 8 to 19 y from various countries (no US data available)	Available in a variety of languages	Freely accessible
	SCARED (Self-Report for Childhood Anxiety Related Emotional Disorders) ^{110,111} <i>Assesses for anxiety—but not specifically OCD or PTSD.</i>	41 items Parent Youth	8+ y	5 min Scoring: 1 to 2 min	Coefficient alpha: 0.9	English	Freely accessible
	CRIES (Children's Revised Impact of Event Scale) ^{112,113} <i>Assesses impact of traumatic events.</i>	13 items total 4 items measuring intrusion 4 items measuring avoidance 5 items measuring arousal Self-report	8 y and older who can read		Cronbach alphas were as follows: Intrusion: 0.70 Avoidance: 0.73 Arousal: 0.60 Total: 0.80 No validation studies against independent clinical diagnosis have been conducted. As a screening, it is recommended that the results from the Intrusion and Avoidance scales only be used. A sum of the scores on these 2 scales of 17 or more indicates a high probability that the child will obtain a diagnosis of PTSD.	Available in several languages	Freely accessible. Instructions and forms available at childrenandwar.org

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	BRIEF (Behavior Rating Inventory of Executive Function) ¹¹⁴ <i>Assesses executive functioning in the home and school environments. Contributes to evaluation of learning disabilities, ADHD, traumatic brain injury, low birth weight, Tourette disorder, and pervasive developmental disorders/autism.</i>	86 items Parent Teacher	5 to 18 y	10 to 15 min Scoring: 15 to 20 min	High internal consistency (alphas: 0.80 to 0.98); test-retest reliability (Spearman's rho: 0.82 for parents and 0.88 for teachers); and moderate correlations between teacher and parent ratings (Spearman's rho: 0.32 to 0.34)	Not described	Proprietary (\$250/kit)
	BITSEA (Brief Infant Toddler Social Emotional Assessment) ^{115,116} <i>Screens for social-emotional problems in young children.</i>	42 items Parent report Child care report	12 to 36 mo	7 to 10 min	Nationally standardized on 100 children. Excellent test-retest reliability. Detected 85% to 90% CBCL.	English, Spanish	Proprietary (\$105/kit)
Diagnostic Tests	CHADIS-DSM ¹¹⁷ <i>Assesses broadly for mental health symptoms and problems in functioning.</i>	Electronic Variable number of items depending on response—46 entry followed by algorithm	Birth on by parent	18 to 48 min	DSM-PC based	English, some Spanish	Proprietary (Cost not available)
	DISC-IV (Diagnostic Interview Schedule for Children) ^{99,118} <i>Assesses for more than 30 diagnoses using DSM-IV, DSM-III-R, and ICD-10 criteria.</i>	The DISC employs a branching-tree question structure. Altogether, the DISC-Y contains 2,930 questions (the DISC-P contains a few more).	6 to 18 y 2 versions: DISC-P (for parents of children aged 6 to 17 y) and the DISC-Y (for direct administration to children aged 9 to 17 y)	Administration time largely depends on how many symptoms are endorsed. The DISC is scored using a computer algorithm, programmed in SAS. Algorithms have been prepared to score the parent and the youth versions of the DISC according to the symptom criteria listed in the <i>DSM-IV</i> diagnostic system.	Test-retest agreement with <i>DSM-IV</i> Major Depression criterion A was good (k: 0.79 for parents, k: 0.67 for youths).		There is a charge for the paper version of the NIMH-DISC-IV that covers copying and mailing expenses.

MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS FOR PRIMARY CARE

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration ^a	Cost and Developer
Collateral Information Tools (Algorithm Steps A12a, B2b, B9)							
Rating Scales	Vanderbilt ⁷²	See previous entry in table.					
	Conners ^{73,74}	See previous entry in table.					
	SNAP-IV-C ⁷⁵⁻⁷⁷	See previous entry in table.					
	SWAN ⁷⁸⁻⁸⁰	See previous entry in table.					
	BASC ⁸¹⁻⁸³	See previous entry in table.					
	ADHD Rating Scale-IV ^{84,85}	See previous entry in table.					
	Conduct Disorder Scale ⁸⁹	See previous entry in table.					
	<i>Rates disruptive behaviors.</i>						
	Disruptive Behavior Rating Scale ¹¹⁹	45 items Parent/teacher	5 to 10 y	5 to 10 min	Test-retest: 0.68 to 0.92 Inter-rater reliability: not assessed Internal consistency: 0.72 to 0.95 Criterion validity was assessed and found to be acceptable.	Limited, Caucasian, other—sample from central Virginia	Freely accessible
	<i>Rates symptoms in domains of oppositional/defiant behaviors, inattention, impulsivity/overactivity.</i>						
	ABLE (Attention, Behavior, Language, and Emotions) ^{120,121}	Parent/teacher/caregiver	2.5 to 8 y	Level I Admin time: <5 min Scoring time: <1 min Level II Admin time: 10 to 15 min Scoring time: 5 min Web-based administration and computer scoring are available.	Strong evidence to support Level I and Level II reliability and validity. Estimates of internal consistency are above 0.70. Scales correlated with previously validated scales (eg, CBCL, the Behavior Problem Index, the Hightower Competence Scales).	Does not overselect African Americans and Latino children. Available in Spanish.	Proprietary (\$90 for manual, Level I forms, and Level II forms)
	<i>Screens for symptoms in domains of attention, behavior, language problems, and emotional problems.</i>	Level I: 17 items (10 problem focused, 7 severity focused) Level II: 40 items					
	<i>A 2-tiered rating system. Level I screens for commonly reported concerns in preschool settings and aids in determining severity. Level II provides more specific information if the Level I concerns are severe.</i>						

MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS FOR PRIMARY CARE

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration*	Cost and Developer
	Early Childhood Screening Assessment ¹²² <i>Assesses emotional and behavioral development in young children and maternal distress.</i>	40 items, 3-point Likert scale responses, and an additional option for parents to identify whether they are concerned and would like help with an item	18 to 60 mo	10 to 15 min to complete. Scoring time: 1 to 2 min Should be administered by health professional or mental health professional whose training and scope of practice include interpreting screening tests and interpreting positive or negative screens for parents.	Sensitivity: 86% Specificity: 83%	English, Spanish, Romanian Reading level: fifth grade	Freely accessible
	BITSEA ^{115,116}	See previous entry in table.					
	C-TRF (Caregiver-Teacher Report Form) ¹²³ <i>Assesses for emotionally reactive, anxious/depressed, somatic complaints, withdrawn, attention problems, and aggressive behavior.</i>	99 items Child care providers Teachers	1.5 to 5 y	Hand and computer scoring	Normed on 1,192 children. Consistent with <i>DSM</i> diagnostic categories.	English	Proprietary (\$160/kit for hand scoring; \$255/kit for computer scoring)

AAP, American Academy of Pediatrics; MCHB, Maternal and Child Health Bureau; NA, not applicable; PPV, positive predictive value; NPV, negative predictive value; ROC, receiver operator curve; *DSM-IV*, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*; ADHD, attention-deficit/hyperactivity disorder; ODD, oppositional-defiant disorder; CD, conduct disorder; OCD, obsessive-compulsive disorder; PTSD, post-traumatic stress disorder; *DSM-III-R*, *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*; *ICD-10*, *International Classification of Diseases, 10th Edition*.

*A good overview of cultural competence in the mental health is provided by *Cultural Competency: A Practical Guide for Mental Health Service Providers*, published by the Hogg Foundation for Mental Health at the University of Texas (www.hogg.utexas.edu/PDF/Saldana.pdf).

^bScreening tool designed for large-scale screening; easily administered, scored, and interpreted.

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